

OMB No. 2040-0004

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) (46-53)			(4 Card Only) (38-45)			QUALITY OR CONCENTRATION (46-53)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-66)	SAMPLE TYPE (69-70)										
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS															
015 Produced Water Flow Rate*	SAMPLE MEASUREMENT	4.362396	4.697196	MGD								Weekly	Estimate										
	PERMIT REQUIREMENT	Report	Report	MGD								Weekly	Estimate										
015 Produced Water Produced Sand	SAMPLE MEASUREMENT							No Discharge															
	PERMIT REQUIREMENT							No Discharge															
015 Produced Water pH**	SAMPLE MEASUREMENT				7			8	su			4 / Month	Grab										
	PERMIT REQUIREMENT							9	su			Weekly	Grab										
015 Produced Water Oil and Grease***	SAMPLE MEASUREMENT							11	mg/l			Weekly	Grab Average										
	PERMIT REQUIREMENT							29	mg/l			Weekly	Grab Average										
015 Produced Water Copper	SAMPLE MEASUREMENT							18	µg/l			Monthly	Grab										
	PERMIT REQUIREMENT							47	µg/l			Monthly	Grab										
015 Produced Water Manganese	SAMPLE MEASUREMENT							0.2	mg/l			Monthly	Grab										
	PERMIT REQUIREMENT							26	mg/l			Monthly	Grab										
015 Produced Water Mercury	SAMPLE MEASUREMENT							0.2	ug/l			Monthly	Grab										
	PERMIT REQUIREMENT							0.6	ug/l			Monthly	Grab										
015 Produced Water Silver	SAMPLE MEASUREMENT							3	ug/l			Monthly	Grab										
	PERMIT REQUIREMENT							23	ug/l			Monthly	Grab										
015 Produced Water Zinc	SAMPLE MEASUREMENT							0.3	mg/l			Monthly	Grab										
	PERMIT REQUIREMENT							0.9	mg/l			Monthly	Grab										
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER										DATE		YEAR		MO		DA							
John Zager General Manager Mid Continental/Alaska Business Unit										09/11		(907) 276-7600		08		09		20					
I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.										Date A. Haines		PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA CODE		NUMBER		YEAR		MO		DA	
PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT										0911		(907) 276-7600		08		09		20					

TITLED OR UNTITLED	FILED OR UNFILED	COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments hereby)	Flow rates include dock drainage from Dolly Warden, Grayling, King Salmon, Menapod, and Steelhead Platforms.	Estimated worker fluid flow rate:
				0.0332046 MSB

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME Union Oil Company of California
 ADDRESS Attn: John Zager
 P.O. Box 196247
 Anchorage, AK 99519-6247
 FACILITY Trading Bay Production Facility
 LOCATION Cook Inlet, Alaska

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
 DISCHARGE MONITORING REPORT (DMR)

AKG-31-5002
 PERMIT NUMBER
 MONITORING PERIOD
 YEAR 08 MO 08 DAY 01 TO YEAR 08 MO 08 DAY 31
 DISCHARGE NUMBER 015

OMB No. 2040-0004

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		QUANTITY OR LOADING (54-61)			QUALITY OR CONCENTRATION (46-53)		NO. EX (62-63)		FREQUENCY OF ANALYSIS (64-65)	SAMPLE TYPE (69-70)
		AVERAGE (46-53)	MAXIMUM	UNITS	AVERAGE	MAXIMUM (54-61)	UNITS			
015 Produced Water	SAMPLE MEASUREMENT				9	9	mg/L		Monthly	Grab
TAH	PERMIT REQUIREMENT				18	27	mg/L		Monthly	Grab
015 Produced Water	SAMPLE MEASUREMENT				9	9	mg/l		Monthly	Grab
TAQH	PERMIT REQUIREMENT				Report	Report	mg/L		Monthly	Grab
015 Produced Water	SAMPLE MEASUREMENT				No Sample	No Sample	mg/l		Quarterly	Grab
Total Ammonia	PERMIT REQUIREMENT				Report	Report	mg/l		Quarterly	Grab
015 Produced Water	SAMPLE MEASUREMENT				143	143	TUC		Quarterly	Grab
Whole Effluent Toxicity Mytilus sp. *	PERMIT REQUIREMENT				283	568	TUC		Quarterly	Grab
015 Produced Water	SAMPLE MEASUREMENT				No Sample	No Sample	TUC		Annually	Grab
Whole Effluent Toxicity Dendroster excentricus	PERMIT REQUIREMENT				283	568	TUC		Annually	Grab
015 Produced Water	SAMPLE MEASUREMENT				No Sample	No Sample	TUC		Annually	Grab
Whole Effluent Toxicity Mentidia beryllina	PERMIT REQUIREMENT				283	568	TUC		Annually	Grab
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.								
John Zager General Manager Mid Continent/Alaska Business Unit		Date A. Haines 2011		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE (907) 276-7600		DATE 08 09 20		
TYPED OR PRINTED										

2011
 SIGNATURE OF
 PRINCIPAL EXECUTIVE OFFICER
 OR AUTHORIZED AGENT
 TELEPHONE (907) 276-7600
 DATE 08 09 20